

I must select all options carefully. If any of the information provided is inconsistent with the accounts I hold, my form will be returned for clarification.

Select one system:

☐ PERS (98759) OR ☐ TRS (98760) OR ☐ SERS (98761)

My automated minimum distribution will be set up from both the Self and WSIB programs, if applicable.

When would I use this form?

When I am requesting automated minimum distributions from my account.

Additional Information

- Active members are not allowed to take minimum distributions.
- If periodic payments are being received that meet or exceed the minimum distribution requirements, do not complete this form.
- Refer to the Minimum Distribution Information and Instructions for assistance in completing this form.
- Use blue or black ink when completing this form.
- For questions regarding this form, refer to the attached Minimum Distribution Information and Instructions section, visit the website at www.drs.wa.gov/plan3 or contact the Record Keeper at 1-888-327-5596.

A What is my personal information?

Account extension, if applicable, identifies funds transferred to a beneficiary due to member's death, legal order payee due to divorce or a member with multiple accounts.

Account Extension _____

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Social Security Number (Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

Date of Birth (mm/dd/yyyy) _____/_____/_____

Daytime Phone Number (_____) _____

Alternate Phone Number (_____) _____

Separation From Employment (mm/dd/yyyy) _____/_____/_____



Select One (Required):

☐ I am a U.S. Citizen or U.S. Resident Alien

☐ I am a Non-Resident Alien or Other. -

Required - Provide Country of Residence: _____

(See Information and Instructions for IRS Form W-8BEN information)

☐ Married

☐ Unmarried

A distribution made payable to me will be mailed to my address on file unless otherwise requested in the My Change of Address section. I may confirm the address on file by accessing my account online at www.drs.wa.gov/plan3. If I recently changed my address or have any questions regarding the address on file, I should contact the Client Service Department at 1-888-327-5596. **If I require an address change that is submitted the same day this request is submitted, I must have my signature notarized in the My Change of Address section.**

B What is my spouse's information?

Complete **only** if: 1) my spouse is my sole beneficiary, **and** 2) my spouse is more than 10 years younger than me, **and** 3) I am choosing to use a joint or survivor calculation. I must attach a copy of my spouse's birth certificate or a copy of my spouse's driver's license.

Name of Spouse _____

Spouse's Date of Birth (mm/dd/yyyy) _____/_____/_____

C What is my payment information?

For WSIB Investment Program (02)

Payment Start Date _____/_____/_____
(mm/yy)

Choose a month between January and November. This request should be received 45 days prior to the requested payment start date. Requests received with a date which has already passed will be set-up to complete for a payment date of the 2nd business day of November for the first years payment. Subsequent future payments will be set-up to process in the month requested.

WSIB payments are initiated the second business day of each month. Depending of the delivery option chosen, the check will be mailed or funds will be sent electronically on this day. Allow an additional one to two business days for an electronic delivery to be credited to my bank account or up to 10 days for receipt by mail.

The withdrawal will be prorated across all available money sources and investment options in each investment program where I hold a balance.

C What is my payment information?**For WSIB Investment Program (02)****Payment Frequency:** Annually

- ☐ Check this box if you would like to delay your first year RMD until the following calendar year. By selecting this box, your current year RMD will be processed by the end of February in the following calendar year. You will be required to take two RMDs in the following calendar year.
- ☐ Check this box if I turned 70 1/2 or separated from service in the previous calendar year **and** I am required to take two minimum distributions this calendar year. The required minimum distribution for the previous calendar year will be sent in a lump sum. The automated election on this form will apply to the current year and future required payments.

By completing this form, your required minimum distribution will be recalculated annually by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables continued in the applicable treasury regulations, using your age in the year of the distribution.

See the General Information section below for more information.

For Self-Directed Investment Program (01)

Payment Start Date ____/____/____
(mm/dd/yy)

Choose a date between the 1st business day of January and 2nd to last business day of December.

Depending of the delivery option chosen, the check will be mailed or funds will be sent electronically on this day. Allow an additional one to two business days for an electronic delivery to be credited to my bank account or up to 10 days for receipt by mail.

The withdrawal will be prorated across all available money sources and investment options in each investment program where I hold a balance.

Payment Frequency: Annually

- ☐ Check this box if you would like to delay your first year RMD until the following calendar year. By selecting this box, your current year RMD will be processed by the end of February in the following calendar year. You will be required to take two RMDs in the following calendar year.
- ☐ Check this box if I turned 70 1/2 or separated from service in the previous calendar year **and** I am required to take two minimum distributions this calendar year. The required minimum distribution for the previous calendar year will be sent in a lump sum. The automated election on this form will apply to the current year and future required payments.

By completing this form, your required minimum distribution will be recalculated annually by dividing your prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables continued in the applicable treasury regulations, using your age in the year of the distribution.

See the General Information section below for more information.

D Do I want my payment delivered by direct deposit?

Delivery time estimates are based on completion of the withdrawal process, which includes receipt of a complete request in good order.

If direct deposit is not selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.

- ☐ **Direct Deposit via Automated Clearing House ("ACH")**
- I understand that to establish Direct Deposit via ACH, in addition to including the required documentation requested below, I must have my signature notarized in the 'My Signature Notarization' section of this form. If either the required documentation is not attached or my signature is not notarized, ACH will not be established on my account and a check will be mailed to the address of record.
 - Estimated delivery time is 2-3 business days.
 - No additional charge
 - If the first payment processing date does not allow for the 10 day pre-notification process, I understand that the first payment will be sent by check to the address on file.
 - **The name on my checking/savings account MUST match the name on file with Record Keeper.**
 - **Failure to provide mandatory supporting documentation will result in a significant delay in my request.**

- ☐ **Checking Account** - **MUST include a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.

- ☐ **Savings Account** - **MUST include a letter on financial institution letterhead**, which includes my name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. If the ACH information outlined above is missing, incomplete or inaccurate, this request may be rejected and my withdrawal may be delayed. By requesting the withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of the ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. The Record Keeper reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

Last Name _____

First Name _____

M.I. _____

Social Security Number
(Please provide on each page)**E How will my taxes be withheld?****Federal Income Tax** - Elect one of the following☐ Do NOT withhold federal income tax.☐ Withhold federal income tax based on the following:Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher single rate

Number of allowances claimed _____

If I would like **additional** federal income tax withheld, I must indicate an amount \$ _____ of the distribution amount. I cannot enter the amount here without entering the number (including zero) of allowances above.**Note: If I do not make an election above, federal income tax will be withheld from the taxable portion of my distribution as though I am married claiming three withholding allowances.****State Income Tax**

No state income tax will be withheld on my distribution. If I live in a state other than Washington and my distribution is subject to state income tax, I may be subject to estimated tax rules and I will need to deposit the appropriate amount with the Department of Revenue of my state of residence in a timely manner.

F My Consent

I acknowledge that I have read, understand and agree to all pages of this Plan 3 Automated Minimum Distribution form, including the entire Minimum Distribution Information and Instructions section and affirm that all information that I have provided is true and correct. I understand the following:

- By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country.
- I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future.
- The Record Keeper reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.
- Under penalty of perjury, I certify that the Social Security Number (or Taxpayer Identification Number) shown on Page 1 is correct. I am a U.S. person if I marked the U.S. citizen or U.S. resident alien box on Page 1.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Before signing this form: My signature must be notarized by a Notary Public if I am requesting Direct Deposit via ACH or if my withdrawal request will include a change of address. The date I sign this form must match the date of the Notary Public signature.**Member's Signature** _____ **Date (Required)** _____*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.***My Signature Notarization****My signature notarization is only required if requesting:****Direct Deposit via ACH****Permanent Address Change** - I would like the address on my account to be updated with this address. If I am requesting a check, I understand that it will be mailed to this address.

Mailing Address _____

City/State/Zip Code _____

For Residents of all states (except California), please have your notary complete the section below.**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.**The date I sign this form must match the date on which my signature in 'My Consent' section was notarized.****Statement of Notary****NOTE: Notary seal must be visible.**

This request was subscribed and sworn (or affirmed) to before me

State of _____) on this _____ day of _____, year _____, by _____

)ss. **(name of member)** _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL

Notary Public _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Last Name

First Name

M.I.

Social Security Number
(Please provide on each page)

G

Where should I send this form?

After all signatures have been obtained, this form can be sent by

Fax to:

Washington State Plan 3
1-866-745-5766

Regular Mail to:

Washington State Plan 3
PO Box 173764
Denver, CO 80217-3764

Express Mail to:

Washington State Plan 3
8515 E. Orchard Road
Greenwood Village, CO 80111

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Minimum Distribution Information and Instructions - 401(a) Plan

General Information

- These instructions are designed to provide general information about the minimum distribution requirements applicable to 401(a) plans under the Internal Revenue Code (the "Code").
- If I want my minimum distribution amount to be calculated automatically and distributed to me each year, I must complete the attached Plan 3 Automated Minimum Distribution form. I only have to complete the attached form once.
- I will automatically receive periodic payments calculated by dividing my prior year's December 31st account balance by the life expectancy factor provided in the life expectancy tables contained in the applicable Treasury regulations, using my age in the year of the distribution.
- I may choose to make the calculations myself or with the advice of my legal or tax advisor. See below for more information. If I decide to calculate myself, I must fill out the Plan 3 Member Withdrawal form.
- The Record Keeper is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Record Keeper cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

What are the minimum distribution requirements?

In general, the rules for members are as follows (active members are not allowed to take a minimum distribution):

- I am required to begin taking minimum distributions by my required beginning date. My required beginning date is April 1 of the calendar year following the later of: (1) the calendar year in which I reach age 70 1/2 or (2) the calendar year in which I retire from the employer sponsoring my Plan.
- If I was born between January 1 and June 30, I reach age 70 1/2 in the same calendar year as my 70th birthday. If I was born between July 1 and December 31, I reach age 70 1/2 in the next calendar year, and my required beginning date is April 1 of the following calendar year.
- If I elect to defer my first distribution to April 1 of the calendar year following the calendar year in which I turn age 70 1/2 or retire, I will be required to take two payments that year: one by April 1 following the year in which I turned age 70 1/2 or retired and one by December 31 of that same year. I must take a minimum distribution by December 31 of every calendar year thereafter.
- If I am participating in more than one type of retirement plan (i.e., 401(a), 403(b), IRA, PERS, TRS, SERS), my minimum distribution must be calculated and taken separately from each plan.
- To choose an amount in addition to my required minimum amount, I must complete a Plan 3 Member Withdrawal form. To obtain the form for my Plan, I must contact my representative.
- If I request an amount in addition to my minimum distribution amount, I will receive two different payments. One payment will be my required minimum distribution. The other payment will be the additional amount I requested.

Calculating my own minimum distribution

- I may choose to make the calculations myself or with the advice of my legal or tax advisor. If I choose to calculate my own minimum distribution, I must make the calculation each year and must submit a Plan 3 Member Withdrawal form each year. I may request one or more partial withdrawals from my account each year, but each request must be on a separate form. If I fail to request a withdrawal for any year, or if I withdraw less than my required minimum amount in any year, a 50% federal excise tax is imposed by the IRS on the amount I should have taken but did not. This is in addition to ordinary income tax. For example, if my required minimum distribution amount is \$2,000.00 and I only took a distribution equal to \$1,000.00, the excise tax would equal \$500.00.

IF I CALCULATE MY OWN MINIMUM DISTRIBUTION, I AM SOLELY RESPONSIBLE FOR THE ACCURACY OF MY CALCULATION.

Instructions for completing this form

- **If I currently receive periodic payments that meet or exceed the minimum distribution requirements, I should not complete this form.**
- If any section of this form is incomplete or inaccurate, I may be required to complete a new form or provide additional information before the distribution can be processed.
- If I need to cross out a previously elected choice(s), I MUST initial the change to validate the change or the request may be returned for verification.
- **Note:** the Record Keeper will calculate your minimum distribution ONLY on the assets that the Record Keeper administers.

Section A: What is my personal information?

- Please provide the information requested.
- The account extension identifies funds that were transferred to me through a divorce or death. If I have been assigned an account extension but left this field blank on Page 1, the Record Keeper will distribute from extension 001.
- If I am a U.S. Non-Resident Alien, I should refer to the "How will my taxes be withheld?" section of these instructions to obtain more information about attaching an IRS Form W-8BEN.

Section B: What is my spouse's information?

- Complete this section **only** if: 1) my spouse is my sole beneficiary, **and** 2) my spouse is more than 10 years younger than me, **and** 3) I am choosing to use a joint and survivor calculation. I must provide the information requested regarding my spouse. A copy of my spouse's birth certificate or a copy of my spouse's driver's license must accompany this form.

Section C: What is my payment information?

- For payments from my Self account, I may not elect the 29th, 30th or 31st as my payment start date. If I select the 29th, 30th or 31st, my payment will start on the 28th of the month. If no date is specified, the Record Keeper will set up the payments using the date received.
- Monthly payments from my WSIB-TAP account will be made on the second business day of the month.
- This request must be received at the address listed in the My Consent section at least 45 days before the payment start date. The payment start date is the date the funds will be disbursed from my account.
- The frequency of my payments will be annual.

Section D: Do I want my payment delivered by direct deposit?

- I should complete this section only if I want my payments to be electronically deposited into my checking or savings account via Automated Clearing House ("ACH").
- ACH credit can only be made into a United States financial institution (bank/credit union). I may not designate a business account or an IRA.
- Complete the financial institution name, account number, ABA routing number, financial institution mailing address, city, state and ZIP code. For a checking account, I must attach a preprinted voided check. If a preprinted voided check is not available, I must attach a signed letter from my

financial institution, on their letterhead, that confirms the ABA routing number and my name and account number. For a savings account, I must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes my name, savings account number and ABA routing number.

- ACH is a form of electronic funds transfer by which the Record Keeper can transfer my payments directly to my financial institution.
- Allow at least 15 days from the date the Record Keeper receives this properly completed form to begin using ACH for my payments.
- Upon receipt of this properly completed form, the Record Keeper will notify my financial institution of my ACH request with the account information I have provided.
- The pre-notification process takes approximately 10 days. During the pre-notification process, my financial institution will confirm with the Record Keeper that the account and routing information I submitted is correct and that it will accept the ACH transfer. After this confirmation is received, my payments will be transferred to my financial institution within 2 days of the first payment date.
- If my payment start date does not allow for the 10 day pre-notification process, my first payment will be sent by check to my address of record.
- If I am invested in the WSIB investment program, payments are initiated the second business day of each month. In the event of a change to my minimum distribution, my electronic funds transfer may be subject to a delay, and a check will be sent to my last known address on file with the Record Keeper.
- If my financial institution rejects the pre-notification, I will be notified and my checks will be mailed to me until I submit a Plan 3 Direct Deposit form. As a result, it is important that I continue to notify the Record Keeper in writing of any changes to my mailing address.
- By choosing an ACH credit to my financial institution account, I am authorizing the Record Keeper to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account. I am also authorizing my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- The Record Keeper will make payments in accordance with the directions I have specified on this form until such time that I notify the Record Keeper in writing that I wish to cancel the ACH agreement. I must provide notice of cancellation at least 30 days prior to a payment date for the cancellation to be effective with respect to all of my subsequent payments.
- The Record Keeper reserves the right to terminate the ACH transfers for any reason and will notify me in the event of such termination by sending notice to my last known address on file with the Record Keeper.
- It is my obligation to notify the Record Keeper of any address or other changes affecting my electronic fund transfers during my lifetime. I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.
- By electing ACH, I acknowledge that the Record Keeper is not liable for payments made by the Record Keeper in accordance with this properly completed form. I authorize and direct my financial institution not to hold any overpayments made by the Record Keeper on my behalf, or on behalf of my estate or any current or future joint accountholder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution. Any requests received containing foreign financial institution instructions will be rejected and require new ACH delivery instructions.

Section E: How will my taxes be withheld?

- The taxable portion of the distribution I receive is subject to federal income tax withholding unless I elect not to have federal income tax withholding apply by checking the appropriate box.
- If I elect not to have federal income tax withholding apply to my distribution, or if I do not have enough federal income tax withheld from my distribution, I may be responsible for the payment of estimated tax. I may incur penalties under the estimated tax rules if my income tax withholding and estimated tax payments are not sufficient. I may revoke my election by written notification to the Record Keeper at the address provided in the My Consent section.
- If I do not check the box "Do NOT withhold federal income tax," federal income tax will be withheld from the taxable portion of my distribution as though I am married claiming three income tax withholding allowances.
- No state income tax will be withheld on my withdrawal. If I live in a state other than Washington and my distribution is subject to state income tax, I may be subject to estimated tax rules and I will need to deposit the appropriate amount with the Department of Revenue of my state of residence in a timely manner.
- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of federal income tax withholding.
- If I am a non-resident alien, I must attach to each distribution request, a current version of the IRS Form W-8BEN. In general, the income tax withholding rate applicable to my payment is 30% unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced income tax withholding rate or an exemption from income tax withholding. To obtain a current version of the IRS Form W-8BEN, call 1-800-TAX-FORM or visit <http://www.irs.gov>.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Section F: My Consent

- My signature and the date of my signature are required for this distribution.
- I acknowledge that I have read, understand and agree to all pages of this Plan 3 Automated Minimum Distribution form, including the entire Minimum Distribution Information and Instructions section.

My Signature Notarization

Direct Deposit via ACH

- If I have requested for my withdrawal to be delivered Direct Deposit via ACH, I must have my signature notarized. If my signature is not notarized or if the required documentation is missing, a check will be sent to my address of record.

Permanent Address Change

- If I would like the Record Keeper to update the address on file to this new permanent address, I must complete the address on the line provided and obtain a notarization. If I am requesting a check, I understand that it will be mailed to this address.
- **I must notify my employer of my address change.**
- Any changes to my address must be notarized.

Section G: Where should I send this form?

- Once I have completed this Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to fax this Form to the Record Keeper, I need to allow 2-4 hours for the fax receipt before I check on the fax status.

Required Information

Important Note

- These instructions do not represent investment, tax, or legal advice. My distribution will be based upon the information I provide on the applicable form and my account balance. It is my responsibility to initiate minimum distribution payments by my required beginning date and to ensure I receive payments meeting the minimum distribution requirements each year.
- If I have questions regarding the minimum distribution requirements, I should contact my attorney or tax advisor.